

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	9	2	0	6	1
A. Name of business, municipality, company, etc. requesting permit <u>Electric Plant Board</u>									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name: <u>Industrial Park</u>					Owner Name: <u>Electric Plant Board</u>				
Facility Location Address (i.e. street, road, etc.): <u>Black Oak Industrial Park</u>					Mailing Street: <u>PO Box 489, 611 Front Street</u>				
Facility Location City, State, Zip Code: <u>Vanceburg, KY 41179</u>					Mailing City, State, Zip Code: <u>Vanceburg, KY 41179</u>				
					Telephone Number: <u>(606)-796-2641</u>				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Biological and Digestion of Bio-solids, Disinfection of Approximately 30,000 GPD of EFF Discharged to the Ohio River

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:

N/A

4952

Other SIC Codes:

N/A

N/A

N/A

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Lewis

City where facility is located (if applicable):

C. Body of water receiving discharge:

Ohio River at mile point 605.47

D. Facility Site Latitude (degrees, minutes, seconds):

38° 15' 56"

Facility Site Longitude (degrees, minutes, seconds):

83° 16' 44"

E. Method used to obtain latitude & longitude (see instructions):

U.S.G.S. Topographic Map

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

N/A

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Mark Duncan

Telephone Number:

(606)-796-3034

Operator Mailing Address (Street):

PO Box 489

Operator Mailing Address (City, State, Zip Code):

Vanceburg, KY 41179

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

Class III

Certification Number:

8288

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

Issue Date of Current Permit:

Expiration Date of Current Permit:

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Phil Kennedy
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	
DMR Mailing Street:	
DMR Mailing City, State, Zip Code:	
DMR Official Telephone Number:	

VII. APPLICATION FILING FEE

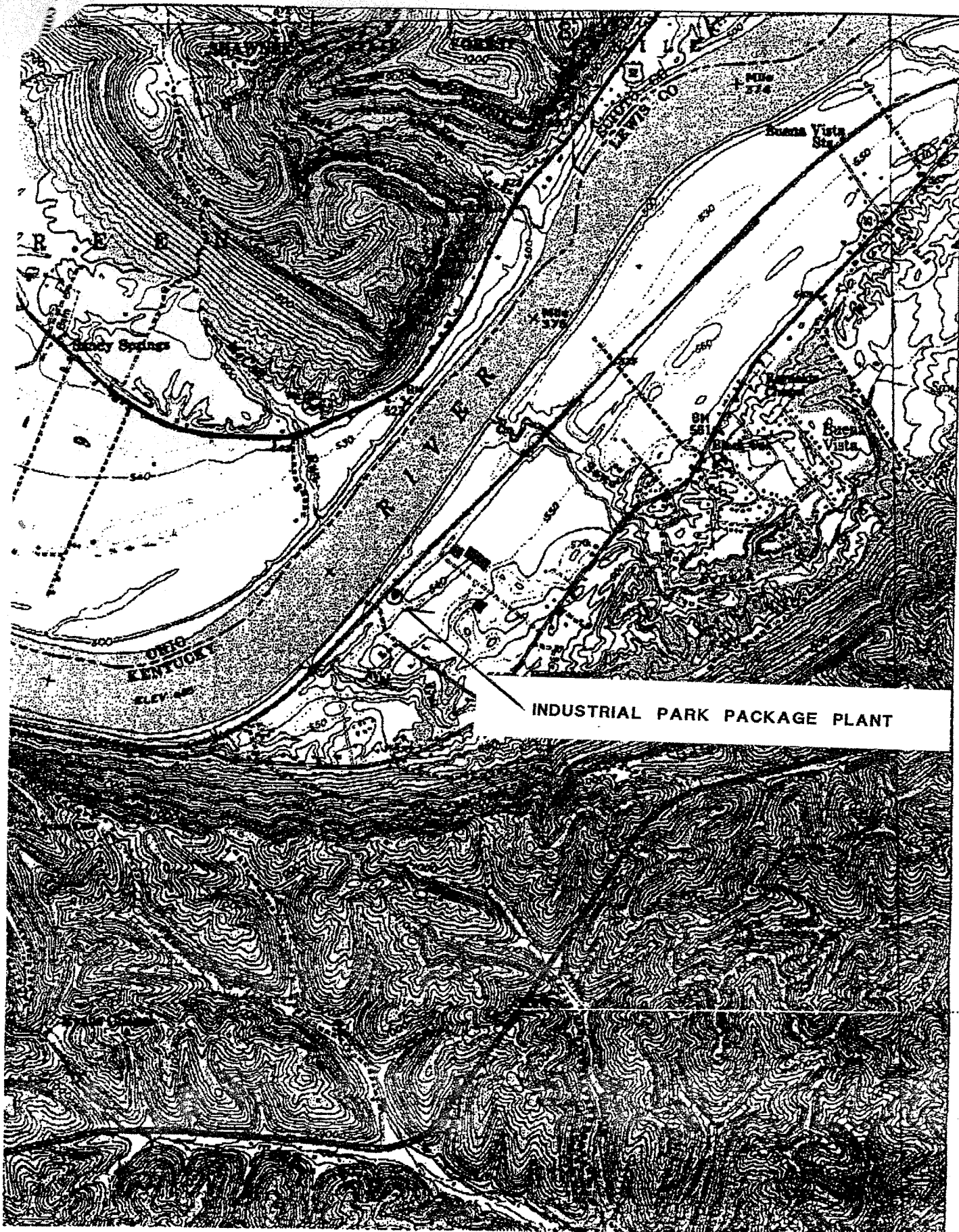
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Publicly Owned	0--

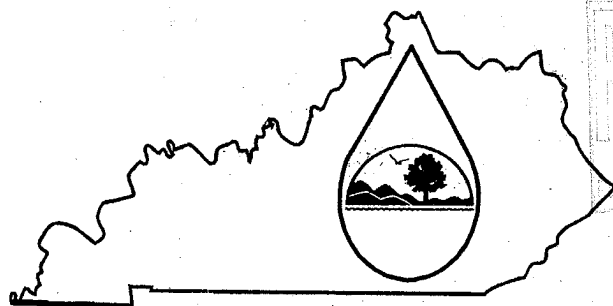
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Phil Kennedy, Superintendent	(606)-796-2641
SIGNATURE	DATE:
<i>phil kennedy</i>	<i>10/10/07</i>



KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

OCT 15 2007

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: <u>Industrial Park Package Plant</u>											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	D	0	9	2	0	6	1
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				N/A <u>7</u>							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): See Attachment A											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:						MGD					

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
1	38°	35'	56"	83°	16'	44"	Ohio River
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS Topographic Map			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
	Hollinee	26458	Package Treatment Plant	1-T, 3-4, 3-6, 2-F
	Coroplast	4980 gpd	Package Treatment Plant	1-T, 3A, 3-4, 2-F

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake: _____
☐ Publicly-owned treatment works (POTW). Name of POTW: _____
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	None	(If bypass points are indicated, information below must be completed for each bypass.)
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Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	None
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Black Oak Industrial Park	
TOTAL POPULATION SERVED	2

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

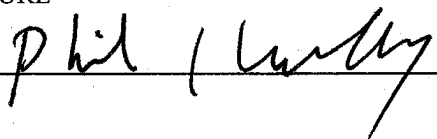
XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
N/A	N/A	N/A

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	8	4	6
TOTAL SUSPENDED SOLIDS	17	8	6
FECAL COLIFORM	20	3	6
TOTAL RESIDUAL CHLORINE	0.011	0.007	6
OIL AND GREASE	N/A	N/A	N/A
CHEMICAL OXYGEN DEMAND	N/A	N/A	N/A
TOTAL ORGANIC CARBON	N/A	N/A	N/A
AMMONIA	18.2	11.9	6
DISCHARGE FLOW			N/A
PH	7.66	7.4	6
TEMPERATURE (WINTER)	N/A	N/A	N/A
TEMPERATURE (SUMMER)	N/A	N/A	N/A

B. Frequency and duration of flow:	
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XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Phil Kennedy, Superintendent	TELEPHONE NUMBER (area code and number): (606)-796-2641
SIGNATURE 	DATE 10/10/07

ELECTRIC PLANT BOARD OF THE CITY OF VANCEBURG

611 Front Street - P.O. Box 489 - Vanceburg, Kentucky 41179

Phone (606) 796-2641 - (606) 796-3450 - Fax (606) 796-6311

ATTACHMENT A

Design flow is 30,000 gpd / 240 ppm, 5 day BOD. Average daily flows fluctuating 60% to 100% of the design flow. Flows not exceeding 250% of design flow. The aeration chamber provides a minimum of 24 hours retention of the average daily flow. Air flow per diffuser shall range from 1 to 5 cfm. This minimum air velocity shall maintain sufficient velocity. Clarifier chamber size provides a minimum of 4 hours retention, based on the design flow governing the aeration chamber. Settled sludge in the clarifier is returned to the aeration tank by airlift pump. The clarifier effluent passing over the edge of a baffled adjustable effluent weir into the effluent trough and then out of the chamber.

ELECTRIC PLANT BOARD OF THE CITY OF VANCEBURG

611 Front Street - P.O. Box 489 - Vanceburg, Kentucky 41179
Phone (606) 796-2641 - (606) 932-4488 - Fax (606) 796-6311

October 10, 2007

Environmental and Public Protection Cabinet
Department for Environmental Protection
Division of Water
Attention: Vickie L. Prather
14 Reilly Road
Frankfort, KY 40601

Dear Ms. Prather:

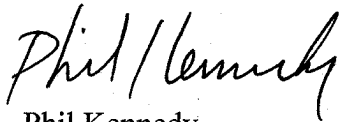
Enclosed are the (2) completed application forms for the KPDES permit renewals:

KPDES No. KY0078123
Meadowbrook Subdivision
Lewis County, KY

KPDES No. KY0092061
Black Oak Industrial Park
Lewis County, KY

If you have any questions regarding our applications, please feel free to contact me (606)-796-2641. Thank you.

Sincerely,



Phil Kennedy,
Superintendent

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Enclosures



ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

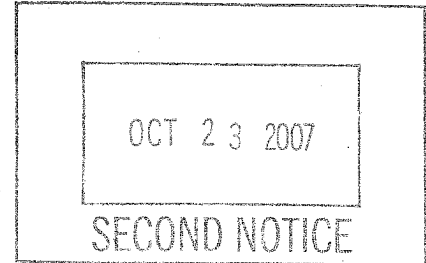
14 REILLY ROAD

FRANKFORT, KENTUCKY 40601

www.kentucky.gov

TERESA J. HILL
SECRETARY

September 28, 2007



Mr. Phil Kennedy
Vanceburg Utility System
P.O. Box 489 611 Front Street
Vanceburg, Kentucky 41179

RE: KPDES No. KY0092061
Black Oak Industrial Park
Lewis County, Kentucky

Dear Mr. Kennedy:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on April 30, 2008. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is October 31, 2007.**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely,

Ann S. Workman

Vickie L. Prather, Acting Supervisor
Inventory and Data Management Section
KPDES Branch
Division of Water

VLP:ASW:asw

Enclosures

C: Morehead Regional Office
Division of Water Files



NOV 30 2007

ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

14 REILLY ROAD

FRANKFORT, KENTUCKY 40601-1190

www.kentucky.gov

TERESA J. HILL
SECRETARY

November 19, 2007

Phil Kennedy
Electric Plant Board of the City of Vanceburg
P.O. Box 489
Vanceburg, KY 41179

Re: KPDES Application Notice of Deficiency
KPDES No.: KY0092061
Black Oak Industrial Park
AI ID: 34460
Activity ID: APE20070001
Lewis County, Kentucky

Dear Mr. Kennedy,

Your Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on October 15, 2007. A completeness review of your permit application has been conducted and the application has been determined to be incomplete. Please complete the deficiencies listed below and return to me at the following address within thirty (30) days of the date of this letter.

**Division of Water, KPDES Branch
ATTN: Ms. Sara Beard
14 Reilly Road, Frankfort Office Park
Frankfort, Kentucky 40601**

1. Complete Section II.B of Form 1 and Sections I.B, IV, and X of Form SC (highlighted in orange) on the enclosed applications and return.

Failure to return the requested information within thirty (30) days may result in the Cabinet returning your application to you and retaining filing fees that have been paid, as per 401 KAR 5:300, Section 2(2). If you have any questions concerning this request, please call me at (502) 564-3410, extension 590.

Sincerely,

Sara Beard
Environmental Engineer Assistant III
KPDES Branch
Division of Water

SJB
Enclosures
c: Division of Water Files



STEVEN L. BESHEAR
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

14 REILLY ROAD

FRANKFORT, KENTUCKY 40601

www.kentucky.gov

ROBERT D. VANCE
SECRETARY

December 18, 2007

Phil Kennedy
Electric Plant Board of the City of Vanceburg
P.O. Box 489
Vanceburg, KY 41179

Re: KPDES Application Complete
KPDES No.: KY0092061
Black Oak Industrial Park
AI ID: 34460
Activity ID: APE20070001
Lewis County, Kentucky

Dear Mr. Kennedy,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on November 30, 2007. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 590.

Sincerely,

Sara Beard
Environmental Engineer Assistant III
KPDES Branch
Division of Water

SJB
Enclosures
c: Morehead Regional Office
Division of Water Files